*Dental* SURVEY

# Using an oral health questionnaire: Case Report

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HISTORY-TAKING often has seemed to the student in dental school to be merely another obstacle to his real goal: treatment of the patient. The carry-over of this attitude into practice has frequently been the taking of a history that consisted of little more than the patient's telephone number, address and credit rating.

But if the progressive dentist of today has a hallmark, it is the way every available means is used to provide more and better dentistry for a reasonable fee, while enabling the doctor to enjoy a fair income and sufficient leisure time. We think a health questionnaire designed for dentists deserves a place in such an office along with auxiliary personnel, multiple operatories, audiovisual patient education aids, reclining dental chairs and ultraspeed handpieces.

Such a questionnaire, devised by the authors, was described and discussed in DENTAL SURVEY (September, October and November 1968). Its application is demonstrated in the accompanying case report, taken from the files of a dentist in private practice (only the names have been changed). This case history was selected, not because it is unusual, but because it so typically illustrates the usefulness of the Oral Health Index Questionnaire in the office of a busy practitioner . . .

# history yields clues to Susan's problem

BEFORE ENTERING the operatory where Susan McKinsey was seated, Dr. Dixon spent a few moments carefully examining her answers to the Oral Health Index Questionnaire [OHI]. In this way, even before meeting her, he learned a great deal about Susan, her oral problems and experiences, and contributory extraoral factors.

Susan's Diagnostic Summary Sheet showed many "yes" (unfavorable) answers for the sections dealing with diet and past oral history. A note made on the reverse side of the sheet by his assistant indicated that Susan's mother had requested an emergency appointment:

Her gingiva bled readily when she brushed, causing her mother to think that she had trench mouth.

Examination of the first page of the Oral Health Index Questionnaire revealed that Susan was a 20-year-old unmarried college student of average height and weight, the daughter of a local merchant. She had completed two years of college.

**TURNING TO** the next page relating to present oral health, Dr. Dixon read that Susan reported that her gums were frequently sore or tender and bled after brushing but not with eating. Further, meat frequently wedged between her teeth, and she was quite worried about her gingival state.

As he leafed through the section dealing with the past history, Dr. Dixon noted that her problems were not new:

In addition to her present complaints she had in the past been troubled with bad taste or mouth odor — and her gums had even bled with eating. There also had been difficulty with chewing food. She smoked more than 10 cigarettes a day and had suffered a serious drug reaction.

Susan apparently had undergone both gingival therapy and orthodontic treatment. She used a hard-bristle toothbrush and had never regularly employed any additional aids to oral hygiene, such as toothpicks, floss or irrigating sprays.

**ANSWERS TO** the dietary section of the questionnaire indicated very poor eating habits. She frequently skipped meals, and for meals and snacks generally favored sweetened foods

and beverages. She often omitted protein-rich foods, as well as fruits and vegetables of almost every kind.

Affirmative answers pertaining to emotional state and present and past general health, while few in number, proved to be informative:

They indicated that questioning made her nervous. She worried a great deal, and hence would likely need more-than-average reassurance. Finally, she reported bruising easily, which suggested that maintaining the integrity of the blood vessel walls was a problem elsewhere, and not just in the gingival tissues.

The family history was non-contributory.

**ARMED WITH** this knowledge, which had been gained with only a brief expenditure of time, Dr. Dixon entered the operatory. After a few friendly and reassuring introductory remarks, he listened while Susan explained her reason for coming to see him. Exploring the leads developed by the questionnaire, Dr. Dixon quickly derived much diagnostic information:

He learned that the gingival problem had been present about 18 months and had been treated, not too successfully, with various mouthwashes and chemical cautery of several ulcerated areas. Questioning basically confirmed the impressions previously obtained from simply reviewing the questionnaire.

Dr. Dixon's examination revealed a generalized, moderate, edematous gingivitis with only slight interproximal ulceration around several of the anterior teeth. The gingivae bled readily when probed. Additionally, it was noted that the food impaction occurred in the areas that tended to ulcerate.

A lingual ascorbic acid test indicated low vitamin C tissue levels, further confirming the impressions about Susan's diet obtained from the questionnaire and history. Use of a disclosing wafer revealed heavy plaque formation, indicating the ineffectiveness of her home-care procedures.

**WITH THIS** information in hand, Dr. Dixon carefully explained Susan's problem and her responsibilities in resolving it. He used models and illustrations to reinforce his main point: Her fundamental difficulty seemed to be one of ineffective oral hygiene and a poor diet. (The history pinpointed the fact that the inadequate diet dated especially from the time she had gone away to school two years previously.)

The dental assistant subsequently instructed Susan in personal daily oral hygiene, including the use of disclosing wafers, floss and a properly designed soft toothbrush. She was additionally counseled in daily food selection, and Dr. Dixon prescribed a vitamin-mineral supplement.

An appointment was then made with the dental hygienist for scaling, polishing, and review of home-care instruction and food selection.

**AT A VISIT** three weeks later, Susan reported that all bleeding had stopped in a fortnight. The hygienist found, however, that neither diet nor home care were yet adequate. Several additional appointments for review of oral hygiene and diet were necessary to achieve a satisfactory degree of co-operation.

In two short weeks, the chief complaint, gingival bleeding, and other findings (which had been present and treated intermittently for 18 months) had been corrected successfully.

This result was achieved using only a minimum of Dr. Dixon's time — thanks in part to the effective use of the Oral Health Index Questionnaire [OHI] and the efforts of his auxiliary personnel.

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